

Host Application for Practical Examination Site

3/10/08

**Mail the completed form to EMS Bureau 601 Pole Line Road #7 Twin Falls, ID 83301
Or Fax the completed form to 208-736-3016 Questions? – call 208-736-2162**

Organization Name: _____

Mailing Address: _____
City State Zip

Telephone Number: _____ Fax Number: _____

E-mail: _____

Examination Contact Person: _____ Title: _____

Level of Examination (practical only) ☐ Basic ☐ Advanced ☐ Combined

☐ Open or ☐ Closed examination

Number of anticipated candidates by level _____FR _____EMT _____AEMT _____EMTP

(Minimum number of candidates = 5 for written - 10 for practical)

Host Site Facility Name: _____

Physical Address: _____
City State Zip

Number of examination rooms available _____ Requested Date(s) _____

Host site examination fee (if any) by level _____FR _____EMT _____AEMT _____EMTP

For Bureau Use Only

Date Received



Date Confirmed



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HEALTH & WELFARE